

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

AUG 2 2002

1. Federal Agency and Organization Element to which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0011-DC-2000-E1		OMB Approval No. 0348-0039		Page 1 of 1	
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT DIVISION OF COMMUNITY & BUSINESS DEVELOPMENT P.O. BOX 110803, JUNEAU, AK 99811-0803							
4. Employer Identification Number 92-6001185		5. Recipient Account Number or Identifying AR 32622-05, AR 29774-01, and AR 29774-02		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 7/1/2000		To: (Month, Day, Year) 6/30/2002		9. Period Covered by this Report From: (Month, Day, Year) 4/1/2002		To: (Month, Day, Year) 6/30/2002	
10. Transactions:				I Previously Reported		II This Period	
						III Cumulative	
a. Total outlays				372,523.96		63,171.81	
b. Recipient share of outlays				58,287.27		6,712.73	
c. Federal share of outlays				314,236.69		56,459.08	
d. Total unliquidated obligations						83,869.70	
e. Recipient share of unliquidated obligations						0.00	
f. Federal share of unliquidated obligations						83,869.70	
g. Total federal share (Sum of lines c and f)						454,565.47	
h. Total Federal funds authorized for this funding period						500,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)						45,434.53	
11. Indirect Expense		a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents							
Typed or Printed Name and Title Jennifer Hamilton				Telephone (Area code, Number and extension) (907) 465-5444			
Signature of Authorized Certifying Official <i>Jennifer Hamilton</i>				Date Report Submitted 7/30/02			

Previous Editions not Usable

Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110